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60157

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

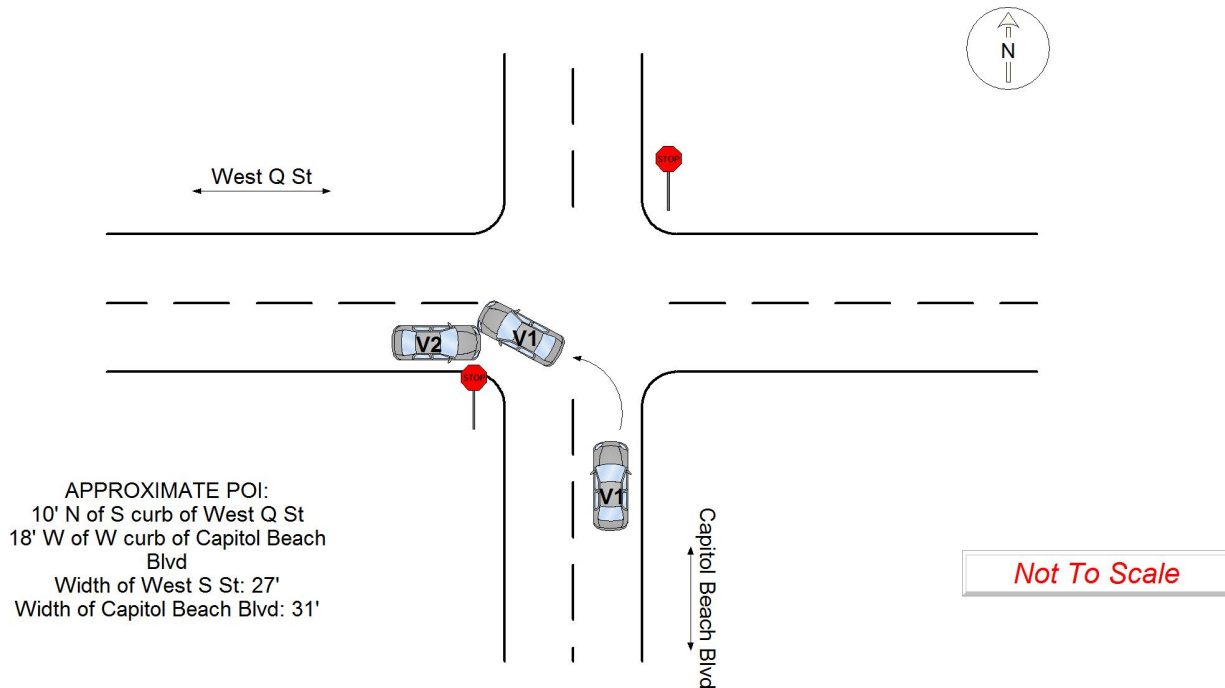
2	Total Number of Vehicles	Local No./ District 147	Agency Case No. B5-084935	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/13/2015		(In Military Time) TIME OF ACCIDENT 1300	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1300	09/13/2015	
B 75	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. WEST Q ST		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
		18.00		X		CAPITOL BEACH BLVD
V1/M 06	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G74002521		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N 1	DRIVER	MARDY MCCULLOUGH		PHONE	402-432-4479	
V2/N 5	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/31/1937	
G 2	OWNER	MARDY MCCULLOUGH		PHONE	402-432-4479	
H 4	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB487046	
V1/O 3	LICENSE PLATE PA NO.	74C624		YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O 2	VEHICLE	2014	MAKE Cadillac	MODEL ATS	BODY STYLE 4 door Sedan	COLOR tan
I 1	VEHICLE ID NO. (VIN)	1G6AB5RA4E0150047		INSURANCE COMPANY	State Farm	
J 01	TOWED TO	101 CHARLESTON		TOWED BY	CAPITAL TOWING	
K 01	TOWED TO			POLICY NO.	104 0760-B05-27	
VEHICLE NO. 2						
F 1	DRIVER LICENSE NO.	G02050840		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P 1	DRIVER	SARAH A PRICE		PHONE	402-730-0937	
V2/P 1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	08/14/1970	
J 01	OWNER	SARAH A PRICE		PHONE	402-730-0937	
K 01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.	
V1/Q 1	LICENSE PLATE PA NO.	SARAH		YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V2/Q 4	VEHICLE	2008	MAKE Honda	MODEL CR-V	BODY STYLE Compact Utility	COLOR black
K 01	VEHICLE ID NO. (VIN)	JHLRE48728C074888		INSURANCE COMPANY	FARMERS MUTUAL	
				POLICY NO.	AU301176	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	3 Body Region	4 Injury Sev.
					5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-084935


Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

DV1 was traveling NB on Capitol Beach Blvd approaching West Q St. DV2 was stopped facing EB on West Q St at Capitol Beach Blvd. DV1 attempted to make a left turn onto West Q St but turned too sharp. The front driver's side of V1 struck the front driver's side of V2. Upon contact, DV1 admitted she turned 'too hard'. DV1 was cited and released for improper turn.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME ADDRESS PHONE				
	NAME ADDRESS PHONE				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS														
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																					
1	X				CAPITOL BEACH BLVD				4		2		<table border="1" style="width:100%; text-align:center;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> <td>X</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	N	X	N	X
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																							
Y		Y	Y																							
N	X	N	X																							
2			X		WEST Q ST																					
1	06	06 Turning left				POINT OF IMPACT	08	POINT OF IMPACT	08	1 None used - vehicle occupant		<table border="1" style="width:100%; text-align:center;"> <tr> <th>ALCOHOL LEVEL TESTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>N</td> <td>1</td> <td>1</td> </tr> </table>		ALCOHOL LEVEL TESTED	Driver No. 1	Driver No. 2	N	1	1							
ALCOHOL LEVEL TESTED	Driver No. 1	Driver No. 2																								
N	1	1																								
2	11	08 Entering traffic lane				MOST DAMAGED AREA	08	MOST DAMAGED AREA	08	2 Lap & shoulder belt used		<div style="border: 1px solid black; padding: 5px;"> ALCOHOL/ DRUGS SUSPECTED </div>														
<div style="display: flex; justify-content: space-between;"> <div> 01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right </div> <div> 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown </div> </div>					00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other		<div style="display: flex; justify-content: space-around;"> <div>02 03 04</div> <div>01 05</div> </div>		<div style="display: flex; justify-content: space-around;"> <div>08 07 06</div> <div>01 02 03 04 05 06 07 08</div> </div>		<div style="display: flex; justify-content: space-between;"> <div> 1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown </div> <div> 1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown </div> </div>		<div style="display: flex; justify-content: space-between;"> <div> 1 Neither alcohol nor drugs suspected 2 Yes - alcohol suspected 3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected 5 Unknown </div> <div> 1 Driver No. 1 1 Driver No. 2 </div> </div>													

OFFICER NO. 1570	TROOP/ TEAM/ BEAT SW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Christopher Vigil		INVESTIGATOR SIGNATURE Approved by Officer Christopher Vigil	DATE OF REPORT 09/13/2015